

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010124 (4)

1. Corporation Name

EQUITY INVESTMENT GROUP, INC.



Principal Place of Business

3191 CORAL WAY
SUITE 641
MIAMI FL 33145

Mailing Address

3191 CORAL WAY
SUITE 641
MIAMI FL 33145

2. Principal Place of Business

2a. Mailing Address

21 13931 LEANING PINE DRIVE 13931 Leaning Pine Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 Miami Lakes FL

28 Miami Lakes FL

24 33014 25 USA

29 33014 30 USA

3. Date Incorporated or Qualified

02/04/1993

3a. Date of Last Report

08/14/1995

4. FEI Number

65-0478338

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CALIL, JORGE A
8401 CORAL WAY
SUITE 841
MIAMI FL 33145

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13931 LEANING PINE DR.

83

84 City

Miami Lakes FL

FL

85 Zip Code

33014

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent

Signature, typed or printed name of registered agent

5/10/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	☐ DELETE
NAME	CALIL, JORGE A	
STREET ADDRESS	13931 LEANING PINE DR	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	V	☒ DELETE
NAME	GONZALEZ, JORGE A.	
STREET ADDRESS	P.O. BOX 144075	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, as an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/96 305 828 2045

CR2E034 (12/95)